

RECEIVED BY RECORDS CENTER  
 JOB NO. 57-201  
 FOR REFERENCE SERVICE ON RECORDS TRANS-  
 FERRED TO STORAGE COMPLETE FORM 490 AND  
 REFER TO ABOVE JOB NUMBER.

Submit original and 3 copies to Records Center. One copy will be returned  
 to the originating office when material is accessioned by Records Center.  
 Additional copies may be prepared as indicated by your ARO.

PART I (TO BE COMPLETED BY THE RECORDS CUSTODIAN)

TO: Chief, Records Center.	FROM: (Office) <b>Logistics</b>	DIVISION <b>Admin. Staff</b>
	BRANCH <b>Mail and Courier</b>	SECTION <b>Courier</b>

APPLICATION IS MADE FOR RETIREMENT OF THE RECORDS DESCRIBED BELOW

DESCRIPTION OF FILE SERIES (Include: Name of File, Contents, Function, Arrangement and Inclusive Dates.) IF NECES-  
 SARY TO LIST RECORDS, USE FORM NO. 140A, RECORDS SHELF LIST (Check appropriate box below.)

**Agency - Administrative Files - 1952-1954**

☒ SHELF LIST ATTACHED

☐ SHELF LIST INCLUDED IN TRANSFER

CLASSIFICATION OF RECORDS  <b>Secret</b>	FILE EQUIPMENT OCCUPIED BY RECORDS  <input type="checkbox"/> LETTER <input checked="" type="checkbox"/> LEGAL <input type="checkbox"/> OTHER (specify) <input type="checkbox"/> NUMBER OF DRAWERS
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APPROXIMATE REFERENCE ACTIVITY PER MONTH

LOCATION OF RECORDS				
BUILDING <b>Que</b>	ROOM <b>1050</b>	EXTENSION <input type="checkbox"/>	DATE <b>25 April 57</b>	SIGNATURE OF RECORDS CUSTODIAN <input type="checkbox"/>

PART II (TO BE COMPLETED BY THE AREA RECORDS OFFICER)

TYPE OF MATERIAL  <input type="checkbox"/> RECORD <input type="checkbox"/> NON-RECORD	RESTRICTIONS ON USE OF RECORDS (If no restrictions write "None") <b>Custody of these and previous similar records has been assumed by                  Management Staff.</b>
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DISPOSITION AUTHORIZATION				
CITE SCHEDULE OR AUTHORITY				
BUILDING	ROOM	EXTENSION	DATE <b>4/26/57</b>	SIGNATURE OF AREA RECORDS OFFICER <input type="checkbox"/>